

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/296,120	04/21/99	705	2761	03628-0400

APPLICANT
 THOMAS J. REDDIN, ATLANTA, GA; GLENDA M. BEHRLE, ST LOUIS, MO; ROBERT J. GFELLER, ROSWELL, GA; LAUREL M. KIMBROUGH, ATLANTA, GA; RODNEY D. TABERT, ROSWELL, GA; THOMAS C. MCTHENIA JR., NORCROSS, GA; DANIEL J. WARREN, ATLANTA, GA.

CONTINUING DOMESTIC DATA***

VERIFIED

371 (NAT'L STAGE) DATA***

VERIFIED

FOREIGN APPLICATIONS***

VERIFIED

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 05/26/99

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY GA	Sheets Drawing 11	Total Claims 66	Independent Claims 7
Verified and Acknowledged Examiner's Initials _____	Initials _____				

ADDRESS
 DANIEL J WARREN
 JONES & ASKEW
 2400 MONARCH TOWER
 3424 PEACHTREE ROAD N E
 ATLANTA GA 30326

TITLE

METHODS AND SYSTEMS FOR OCCASION-BASED MARKETING

FILING FEE RECEIVED \$2,030	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit-
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 WASHINGTON, D.C. 20231
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Bib Data Sheet

CONFIRMATION NO. 7995

SERIAL NUMBER 09/296,120	FILING DATE 04/21/1999 RULE	CLASS 705	GROUP ART UNIT 2162	ATTORNEY DOCKET NO. 03628-0400
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APPLICANTS

THOMAS J. REDDIN, ATLANTA, GA;
 GLENDA M. BEHRLE, ST LOUIS, MO;
 ROBERT J. GFELLER, ROSWELL, GA;
 LAUREL M. KIMBROUGH, ATLANTA, GA;
 RODNEY D. TABERT, ROSWELL, GA;
 THOMAS C. MCTHENIA JR., NORCROSS, GA;
 DANIEL J. WARREN, ATLANTA, GA;

**** CONTINUING DATA *********** FOREIGN APPLICATIONS *********IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

** 05/26/1999

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY GA	SHEETS DRAWING 11	TOTAL CLAIMS 65	INDEPENDENT CLAIMS 7
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

ADDRESS

23370

TITLE

METHODS AND SYSTEMS FOR OCCASION-BASED LIFESTYLE MARKETING

FILING FEE RECEIVED 2030	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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